

# Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission  
333 E. Franklin St., Richmond, Virginia 23219

The boxes to the right are for the use of the insurer.	Reserved	VWC File Number 000-00-00
	Insurer Claim Number	

	Employee	Address				
Name of Employee John P. Hurtworker					Date of Accident 06/27/04	Date of Hire
	Employer	Address				
Name of Employer Virginia Workers' Compensation Commission						

**PLEASE REFER TO THE FILING INSTRUCTIONS PRINTED ON THE BACK OF THIS FORM**

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1	07/18/03	5	200.00	19	11/21/03	6	240.00	37	03/26/04	6	240.00
2	07/25/03	6	240.00	20	11/28/03	5	200.00	38	04/02/04	5	200.00
3	08/01/03	5	200.00	21	12/05/03	5	200.00	39	04/09/04	5	200.00
4	08/08/03	1	40.00 *	22	12/12/03	5	200.00	40	04/16/04	5	200.00
5	08/15/03	0	0 *	23	12/19/03	5	200.00	41	04/23/04	5	200.00
6	08/22/03	2	60.00 *	24	12/26/03	5	200.00	42	04/30/04	5	200.00
7	08/29/03	5	200.00	25	01/02/04	4	160.00	43	05/07/04	5	200.00
8	09/05/03	5	200.00	26	01/09/04	5	200.00	44	05/14/04	5	200.00
9	09/12/03	5	200.00	27	01/16/04	5	200.00	45	05/21/04	4	160.00
10	09/19/03	5	200.00	28	01/23/04	5	200.00	46	05/28/04	6	280.00
11	09/26/03	5	200.00	29	01/30/04	5	200.00	47	06/04/04	5	220.00
12	10/03/03	5	200.00	30	02/06/04	5	200.00	48	06/11/04	5	220.00
13	10/10/03	5	200.00	31	02/13/04	4	160.00	49	06/18/04	5	220.00
14	10/17/03	6	288.00	32	02/20/04	6	296.00	50	06/25/04	5	220.00
15	10/24/03	6	294.00	33	02/27/04	5	200.00	51			
16	10/31/03	5	200.00	34	03/05/04	5	200.00	52			
17	11/07/03	5	200.00	35	03/12/04	5	200.00	Totals			\$9,838.00
18	11/14/03	5	200.00	36	03/19/04	5	200.00				

Value of prerequisites for entire year: \_\_\_\_\_ Total gross earning \$ 9,838.00 Total weeks worked 47

Bonuses \$ _____	Electricity \$ _____	Total value of prerequisites \$ _____ 0 _____
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	Total earnings & prerequisites \$ <u>9,838.00</u>
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		

*VWC use only:*

AWW: \_\_\_\_\_

CR: \_\_\_\_\_

INSURER OR EMPLOYER (include name & signature)	Date	Phone number
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